

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Linwood City School District County: 01 Atlantic
 Employee Organization: Linwood Education Association Employees in Unit: 120 FTE
 Base Year Contract Term: 7-1-07 to 6-30-10 New Contract Term: 7-1-2010 to 6-30-2013
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A	Column B
		Base Year - Total Costs (Last Year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)
	FTE		
Teachers	73.3	<u>Salary w/incre & longevity</u>	<u>6,224,388 -</u>
	Item 2	<u>Increment included</u>	
	Item 3	<u>Longevity included</u>	
Custod/Maint	10.3	<u>Salary inc long & increment</u>	<u>312,762</u>
	Item 5		<u>323,725</u>
Secretaries	5.7	<u>Salary all included</u>	<u>200,969</u>
	Item 7		<u>208,012</u>
Paras/ Aides	29.7	<u>Hourly - Projected</u>	<u>508,944</u>
	Item 10		
Technician	1	<u>Salary</u>	<u>46,800</u>
	Item 12		<u>50,000</u>
	Any additional items list on separate sheet	Additional Items	
	Section III: Totals - Sum of costs in each column	<u>7293,883</u>	<u>7,581,064</u>
		(Total)	(Total)

Starting Salary increased 3.5% each year after

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>47.7%</u>	<u>10-11</u>	<u>.11-12</u>	<u>.12-13</u>
Effective Date (m/d/yyyy)	<u>3.5%</u>	<u>3.5%</u>	<u>3.5%</u>	
Percent Increase	<u>257,181</u>	<u>264,287</u>	<u>273,537</u>	
Total cost of increase	<u>7551,064</u>	<u>7815,351</u>	<u>8,068,888</u>	
Total base salary (successor agreement)				

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.5% Salary

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

Cost of Health Plan	Health	Base Year	Year 1	Year 2	Year 3	
Employee Contributions		<u>0%</u>	<u>1.5%</u>	<u>of Salary or 4% of Premium</u>		
Prescription	RX	<u>8.5%</u>	<u>4%</u>	<u>4%</u>	<u>4%</u>	
Dental		<u>20%</u>	<u>20%</u>	<u>20%</u>	<u>20%</u>	No Dental
Vision		<u>\$250</u>	<u>\$250</u>	<u>\$250</u>	<u>\$250</u>	(No longer can accumulate)

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

Teri J. Weeks

Title: School Business Administrator

Teri J. Weeks
Signature

Date: 5-22-12

Settle 3/30/10